IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:	**Ralph A. Cowden III**
Application Number:	**10/571,740**
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Confirmation No.:	**6915**
Group Art No.:	**1612**
Examiner:	**Milligan, Adam C.**
Title:	**NUTRITIONAL SUPPLEMENT AND PROTOCOL**

Commissioner of Patents
Washington, D.C.

DECLARATION OF JAMES C. ROBERTS M.D., F.A.C.C.

UNDER 27 CFR § 1.132

I, James C. Roberts, M.D., F.A.C.C., hereby swear and state as follows:

1. I am a co-owner of Med Five, Inc., the Applicant herein. I have personal knowledge of the matters sworn to below. I submit this declaration in support of the above-referenced patent application.

2. I have practiced invasive and integrative cardiology for twenty years, am board certified in Internal Medicine and Cardiology, and a Fellow of the American College of Cardiology, Diplomat Candidate of the American Board of Chelation Therapy, and Interim Diplomat of the American Board of Oxidative Medicine. I specializes in the treatment of individuals with inoperable or recurrent coronary artery disease, utilizing Enhanced External Counter Pulsation (EECP – a non-invasive approach to angina and CHF that generates natural bypass flow and improves artery wall biochemistry) and Magnetic Molecular Energizer (MME - an external magnetic field is applied to the heart or other dysfunctional region, accelerating the velocity of electron spin, by this means increasing energy production and utilization and stem cell proliferation). My practice provides other treatments to help remove environmental toxins and renew cells. I have

contributed to the research and product development of Med Five and wrote the medical articles on the Med Five website. My current Curriculum Vitea is attached to this declaration as Exhibit "1".

2. I believe the medical articles on the Med Five website located at http://wwww.medfive.com to be true and correct.

3. Attached as Exhibit "2" are true and accurate copies of four medical evaluations conducted by me on individuals taking the Rejuvetate Life System. The evaluations are based on information obtained in telephone interviews and review of the various clinical tests described in the evaluations. These are the same evaluations that are on the Med Five website.

4. The evaluations document substantial improvement in coronary artery disease and carotid artery blockage and blood lipid reduction. These results are as good if not better than those found with patients undergoing intravenous EDTA chelation therapy.

5. I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date: Toledo, Ohio, March 4, 2010.

J C Roberts m FACC

JAMES C. ROBERTS, M.D., F.A.C.C.

CURRICULUM VITAE

JAMES C. ROBERTS M.D., F.A.C.C.

ADDRESS: 3329 Darlington
Toledo, OH 43606

DATE OF BIRTH: 10/9/55

EDUCATION: Ottawa Hills High School, Toledo, OH 1973

Miami University (Oxford), B.A. Chemistry, 1977
Cum Laude, Phi Beta Kappa,
Phi Kappa Phi, and Chemistry Honorary

Medical College of Ohio, Toledo, OH 1980
Alpha Omega Alpha Honorary

INTERNSHIP, RESIDENCY, AND FELLOWSHIP:

Internal Medicine, University of Cincinnati
Medical Center, 7/80 – 7/83
Cardiology Fellow, University of Cincinnati
Medical Center, 7/84 – 7/86

BOARDS: Board Certification:
Diplomat, American Board of Internal Medicine 8/83
Cardiology Board 11/86
Fellow of the American College of Cardiology
Diplomat Candidate, American Board of Chelation Therapy
Interim Diplomat, American Board of Oxidative Medicine

PRACTICE: Comprehensive Heart Care 1/89 - Present
EECP Center of Northwest Ohio 8/97 - Present
Advanced Magnetic Research Institute of NW Ohio 9/04 - Present

RESEARCH: International EECP Registry 1998 - 2000
Diabetic Neuropathy study with MME (Magnetic Molecular Energy) 2006 - 2008
Low Back Pain/Disc Disease study with MME 2006 - 2008
TACT (Trial to Access Chelation Therapy) Study 2007 - current
Dal-OUTCOMES (Dalcetrapib vs. placebo post-ACS) 2008 - current
FRAS (Relox vs. placebo for strength recovery post-CVA) 2009 - current
ENGAGE AF – Edoxaban vs. Warfarin in A-Fib 2009 - current
PARADIGM HF – LCZ696 vs. Enalapril in CHF 2110 start

Exhibit 1

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Gail Gates- Med Five Results

Information obtained by phone interview 8/29 with Dr. Roberts and his review of Mr. Gates 6/05 CT angiogram and stress echo reports, and the 11/03 and 6/05 reports from Mr. Gates Cardiologist. The 11/03 angiographic report and stress echo reports, and prior lab work have been requested. Just because Gail seems to have improved on the Med Fivedoesn't mean that others will.

What happens in Vegas shouldn't stay in Vegas
That is, if you want your arteries to open up

Gail Gates is a 70 year old, moderately active, non-diabetic, non-smoking man with a 30 year history of hypertension, well controlled medically. His cholesterol has been elevated, above 250 mg/dl, and he has not wished to take cholesterol lowering drugs.

In the late fall of '03, Gail felt poorly – "out of gas" – activities previously well tolerated left him short of breath and fatigued. A stress echo study returned abnormal, leading to invasive coronary angiography, which revealed a culprit 80% narrowing within the Left Anterior Descending (LAD) coronary artery, which serves the front wall of Gail's heart. This narrowing was successfully balloon dilated and stented. A second artery contained a significant but non-critical 60% narrowing and Gail's third coronary artery, a non-threatening 40% constriction. A non-severe, asymptomatic calcific narrowing of Gail's aortic valve was noted.

A repeat stress echo study was carried out post-stent placement. Gail walked for 6 minutes; his heart rate did not rise to target, as he was on Atenolol (a Beta-blocking drug, which lowers your HR and BP) but no abnormalities were identified, indicating that the stented artery was open and that the other two narrowings were not a current threat. Atenolol was continued for a period of time; Plavix, an anticoagulant platelet inhibitor, was continued for 6 months (standard practice after stent placement). Mr. Gates cholesterol was around 250 mg/dl. Lipitor therapy was advised; Mr. Gates was concerned about side-effects and took this agent only briefly. Thus his cholesterol remained elevated.

In the late winter/early spring of this year ('05) Mr. Gates began to experience a recurrence of his original symptoms. Activity that was previously well tolerated now left him fatigued and short of breath. Symptom severity was not as bad as in 11/03, but something was definitely wrong. Mr. Gates is a resident of Iowa City, Iowa, but he was in Las Vegas, working on a temporary assignment, when his cardiac symptoms returned. He learned of the Med Fivefrom Janet Kelly's radio program, and began Rejuvetate on 3/20/05. Gail felt better. Three months later his energy level and effort tolerance were back to normal. Gail also noticed an improvement in GI function and in his overall sense of well being.

Exhibit 2

Gail had returned to Iowa City from Las Vegas and was scheduled to see his Cardiologist in 4/05; she was out of town and the exam was rescheduled for mid 6/05. At this point Gail has been on Rejuvetate for three months.

Gail's 6/16/05 stress echo returned normal; he walked for 6:00, now achieving a heart rate of 145 (he was no longer on Atenolol, the Beta-blocking drug). No evidence of coronary insufficiency was found. The mean pressure gradient across Gail's aortic valve was 28 mmHg (reference is made to an echo obtained one year earlier that showed a similar, 25 mmHg gradient – this difference is well within the measurement variance range). Gail's cardiologist gave him a clean bill of health.

Gail requested a CT angiogram; he wanted to see if the Med Fivehad had any affect on his underlying arterial disease. His cardiologist was skeptical but agreed to the study. When the results returned she called Gail personally, beginning the conversation with – "you're going to like this". The CT angiogram demonstrated that the stent site was patent (as expected, given the current absence of symptoms and the negative stress study). Calcium was noted within the aortic valve, also expected, but what was not expected, and what is remarkable here, was the presence of only mild calcification within Gail's coronary arteries, and

Vessel	Invasive Angiogram 11/03	CT Angiogram 6/05	
		Calc	Soft Plaque
Left Main	No significant disease	Modest	None
Left Anterior Descending	80% → Stent	Minor	None
Circumflex	60%	Mild	None
Right Coronary Artery	40%	Minimal	None

During an invasive coronary angiogram, such as Gail's 11/03 study, we inject X-ray contrast dye directly into the coronary arteries; an X-ray movie of the dye filling the arteries is then obtained. The percentage of a given artery's diameter that is narrowed by atherosclerotic plaque is described as it's "percent stenosis". This is not a direct measurement, but an eye-ball estimate. Different observers may vary by 10-20% in their estimate of a given artery's percent stenosis, but we all typically agree on whether a narrowing is mild, moderate, or severe in degree. The CT angiogram, Gail's 6/05 study, takes advantage of recent advances in computerized X-ray imaging. The same X-ray dye is used, but it is injected into an arm vein. Multiple X-ray slices are obtained through the heart and reconstructed by the computer to obtain crisp images of the coronary arteries. This is a new technology; there is only one such scanner in Iowa, and fortunately for Gail this scanner is in Iowa City. Now, as different imaging techniques were used (direct angiography in '03 and CT angiography in '05), in a sense an "apples to apples" comparison is not possible, but nonetheless, the degree of change is marked, and likely not due to technical differences between the exams or measurement error.

Artery wall calcification, in general, parallels the degree of soft plaque

Exhibit 2

deposition and the percent stenosis of a given vessel. Artery wall calcification progresses at a rate of 20-40% per year. Unless active measures are taken, soft plaque deposition and vessel percent stenosis will progress as well. But on the 6/05 study, only modest calcification was seen in Gail's arteries. No soft plaque was identified; the 60% and 40% narrowings observed in 11/03, in the two vessels that were not stented, just weren't there anymore. This suggests that soft plaque had been resorbed, that the arteries had opened up. This is consistent with the resolution of Gail's symptoms. This all occurred following only three months of Rejuvetate. I have never heard of anything like this. Aggressive lipid lowering therapy, aggressive phosphatidylcholine therapy, and aggressive chelation therapy may all have favorable affects on the degree of arterial blockage in one's vessels, and I have seen this, but the affects are typically modest and take months to years to develop.

We would expect that Gail's narrowings might have worsened between '03 and '05. While the symptoms he experienced in early '05 could, in theory, have been due to a problem other that recurrent coronary disease, the odds are that a coronary blockage was the culprit. Thus the negative findings on Gail's 6/05 CT angiogram are all the more remarkable, and suggest a rapid disease reversal.

Clara Forestieri's carotid ultrasound findings improved when Rejuvetate was added to prior, long-standing, stain lipid lowering therapy. Following the addition of Rejuvetate, Clara's HDL rose by 17%, from 52 to 61, and her ultrasound improved. I do not have in my possession Gail's prior lipid panel results, but I know that his cholesterol had been elevated for some time, and that in 6/05 his cholesterol remained elevated at 245 mg/dl, with an LDL of 169 mmHg. If Rejuvetate opened up Gail's coronary arteries, as appears to be the case, it did so by means other than via improved lipid control. We understand that high cholesterol is just one of the many factors that play a role in plaque formation. Statin lipid lowering drugs thus cannot be the "be all and end all" of coronary disease management; no drug can. Rejuvetate was designed to take aim at the causes of plaque deposition that are not currently being addressed by standard, drug based medicine. Rejuvetate alone will not be the "be all and end all" of coronary disease management, but Rejuvetate sure worked for Mr. Gates. Gail will remain on the Rejuvetate system. His CT angiogram can be repeated in the future; over time we might just see a reduction in aortic valve calcification as well. And remember –

What happens in Vegas shouldn't stay in Vegas
That is, if you want your arteries to open up

James C. Roberts MD FACC 8/30/05

Exhibit 2

Exhibit 2

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Anna M. – Med Five Results

Evaluation by Dr. James Roberts - Information obtained by phone interview 10/01 and 10/10 with Ms. Anna M. and Dr. Roberts' review of Anna's carotid ultrasound reports. We cannot say with certainty that the changes described below did not occur by chance. Just because Anna's carotid ultrasound improved while she was on Rejuvetate doesn't mean that others will experience the same effect.

Anna M. (and her Left Carotid Artery) have been Rejuvetated

Anna M. is concerned about cardiovascular disease - and concerned she should be - both of her parents died from cardiovascular disease. Two of Anna's sisters have sustained strokes. Anna is concerned, so she doesn't smoke and she does watch her diet. Anna's doctor has placed her on medication to provide for blood pressure and cholesterol control.

But Anna knows that there is more to cardiovascular disease than high blood pressure, cholesterol, smoking, and diabetes. She knows that diet and medication alone cannot guarantee cardiovascular health. Anna knows about cardiovascular health and disease, so when ultrasound screening was offered in her community, Anna took charge of her health and had the scan done – a good idea, as 70% Right and 50% Left Internal Carotid Artery narrowings were discovered.

Carotid narrowings of > 70% are associated with an increased risk of stroke and are usually addressed surgically (the procedure is called Carotid Endarterectomy or CEA). Surgery was recommended and Anna breezed through her CEA procedure. Less pronounced blockages, such as the 50% narrowing in Anna's Left Internal Carotid, are associated with a much lower stroke risk. Surgery is not necessary, but as carotid narrowings typically progress, sometimes rapidly, yearly ultrasound studies are carried out. Here we are watching for progression of the narrowing to 70% or greater, for which CEA would be appropriate.

Anna underwent follow-up ultrasound studies in 6/04 and 7/05, then 9 and 21 months out from her 9/03 CEA. The percentage narrowing given on the ultrasound report is an estimate, often given as a range, and is based on the velocity of blood flow within the Internal Carotid Artery (the higher the velocity the tighter the narrowing – think of a garden hose with your thumb over the nozzle), and the ratio between the Internal and Common Carotid Artery velocities on the same side (the Common gives off the Internal, and a blockage within the Internal increases the ICA:CCA ratio).

Remember, if treatments designed to prevent disease progression

Exhibit 2

are not introduced, the natural history of a carotid artery blockage is to progress. The velocity in Anna's Right ICA fell from 208 to 111 between 9/03 and 6/04 – this represents a successful surgery – the plaque was cleared out. The flow velocity in her Left ICA, however, increased from 114 to 190, representing progression of the left sided blockage from 50% into the 60-80% range.*

This was a problem. The Left Internal Carotid narrowing that didn't need surgery in '03 was fast on its way to becoming a threatening blockage that does. Anna's carotid disease was progressing, despite the BP and cholesterol lowering medication that her physician had prescribed. Anna had learned of the Med Five, a nutritional program designed to address the causes of arterial disease that standard drug therapy does not. Anna began the Med Five. Again, Anna M. took charge of her health.

Anna began Rejuvetate in 2/05, eight months after the 6/04 ultrasound that showed disease progression. Anna's scan was repeated in 7/05, five months after Rejuvetate was added to her medical regimen. The Right Internal Carotid, the artery operated on in 9/03, showed no evidence of disease progression. The Left Internal Carotid, the non-operated artery that had shown disease progression between 9/03 and 6/28, demonstrated a fall in velocity. The velocity fell from 190 to 131, with a matching decrease in the ICA:CCA ratio from 2.4 to 1.5. The percentage narrowing decreased from 60-80 to 50-60%. We don't operate on arteries that are opening up – instead we jump up and down and cheer.

	Left Carotid Artery				Right Carotid Artery			
	ICA	CCA	I:CCA	Narrowing	ICA	CCA	I:CCA	Narrowing
9/23/04	114	58	2.0	50%	208	60	3.5	70%
6/28/04	190	83	2.4	60-80%	111	74	1.5	< 59%
7/19/05	131	90	1.5	50-60%	104	99	1.1	< 59%

Operating on an artery that is opening up makes little sense, and no one would recommend that. Staying with a program that seems to be improving carotid artery flow makes perfect sense, and that is what Anna will do. We don't have to tell her, because Anna M. takes charge of her own health.

James C. Roberts MD FACC

10/16/05

* The three ultrasound scan reports contained slightly different descriptive measures, which I reconciled as best I could, and please remember, in the carotid ultrasound technique we are thinking in terms of ranges, not exact absolute values.

Exhibit 2

It is not necessary to take other detox programs while on Med Five.

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John Burger - Med Five Results

Evaluation by Dr. James Roberts - Information obtained by phone interview 9/29 with John and Dr. Roberts' review of John's 11/03, 11/04, and 4/05 carotid ultrasound reports. Mr. Burger gave us permission to share his story with you. We cannot say with certainty that the changes described below did not occur by chance. Just because John seems to have improved on the Med Fivedoesn't mean that others will.

John Burger has been Rejuvetated and his Left Carotid Artery opened up from 95% to 70%

John Burger is a vigorous and active 75 year-old man. John is on no medications and he feels well. John's blood pressure is normal, as are his blood sugar and cholesterol values. He quit smoking in 1983. His doctor told John that he was "as strong as a bull" - except that he needed surgery to address a 90-99% blockage in his left carotid artery. John instead began Rejuvetate, and 6 months later this artery is only 50-79% narrowed.

John and his life partner are both aware of the problem of carotid artery disease, plaque that can slowly build up in the vessels serving the brain, leading to transient ischemic attack (TIA) or stroke. Both underwent screening carotid ultrasound studies in the fall of '03. Both were found to have severe carotid artery blockage. John's partner underwent carotid artery revascularization surgery. John's study was repeated at Pomona Valley Hospital, and confirmed the screening ultrasound report. A 90-95% narrowing was present in John's left carotid artery. Surgery was recommended, but John was feeling well and wanted to hold off. A one year follow-up ultrasound was carried out in 11/04 at the University of Southern California Hospital and returned a little worse; a 90-99% blockage was described. Surgery was again recommended, but John was experiencing only mild dizziness upon standing, and wanted to hold off.

John had heard about the Med Five, and began the program in late '04. John was feeling well before beginning Rejuvetate, but now he feels even better. John's energy level has picked up. The dizziness with rapid standing has resolved. An ultrasound done in 4/05, at the Loma Linda University Surgery Center, revealed a left carotid artery blood flow velocity of 250 cm/sec (down from the 11/04 value of 320 cm/sec), with the narrowing now in the 50-79% range. **It was 90-99%, and now its 50-79%.** John is going to continue with Rejuvetate, and his ultrasound will be repeated in 6 months.

	LICA		RICA	
	Velocity	% Narrowing	Velocity	% Narrowing
11/13/03	316	90-95%	50	Plaque
11/26/04	320	90-99%	na	Mod. plaque
4/19/05	250	50-79%	60	16-49%

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Ultrasound studies aren't perfect. We know that they can over and underestimate the degree of carotid artery narrowing actually present, but the change in John's ultrasound reading is large and not likely due to artifact or measurement error. Now, we are not recommending Rejuvetate as an alternative to surgery when an artery is 90% narrowed, nor are we recommending Rejuvetate as an alternative to your physician's care. If John were my personal patient, I would have urged him to undergo carotid surgery in 11/03, and I would have twisted his arm in 11/04. However, John is not my personal patient. He chose to begin the Rejuvetate Life Program, and now his carotid ultrasound looks a lot better.

In Medicine we learn from our failures, and we learn from our successes, so why did John's ultrasound get better? Also, why did John's carotid artery block up in the first place? John quit smoking 20 years ago, and his blood pressure, blood sugar, and cholesterol are all normal. My hunch, and this is an opinion, something that I cannot prove, is that John was Cadmium overloaded, and that Cadmium was producing free radical stress and enzyme dysfunction, leading to vascular wall damage and toxic oxidation of cholesterol. The tobacco plant concentrates Cadmium from the soil. Smokers are thus exposed to Cadmium, and as we aren't very good at eliminating Cadmium from our bodies, smokers retain Cadmium, even decades after they stop smoking. The EDTA and DMSA components of Rejuvetate will bind to Cadmium and assist the body's efforts to flush it out. Other mechanisms may also be involved in John's condition, but Cadmium removal seems to me to be a good idea. In any event, John Burger has been Rejuvetated.

James C. Roberts MD FACC 9/29/05

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It is not necessary to take other detox programs while on Med Five.

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Ken Henderson - Med Five Results

Evaluation by Dr. James Roberts - Information obtained by phone interview 10/01 with Mr. Henderson and Dr. Roberts' review of Ken's lab data. Ken gave us permission to share his story with you. We cannot say with certainty that the changes described below did not occur by chance. Just because Ken's lipid panel seems to have improved with the addition of Rejuvetate to pre-existing pharmacologic lipid lowering therapy, it doesn't mean that others will experience the same effect.

Crestor plus Med Five and Ken Henderson's Lipid Panel Synergize with Med Five

Ken doesn't smoke, his blood pressure is normal, and so is his blood sugar. Ken minimizes red meat and takes in his share of fruits and vegetables - but his cholesterol is high - or at least it was. One year ago, Ken's doctor put him on Crestor, a statin lipid lowering agent, at a starting dose of 10 mg each day (the maximum dose is 40 mg/day – you start low and advance the dose as required). On Crestor, Ken's cholesterol fell from 258 to 172 mg/dl, with an LDL (bad cholesterol) of 105 mg/dl.

In persons free of known cardiovascular disease, our goal in lipid lowering therapy has been an LDL value of 100, and Ken was nearly there. Several recent studies, however, suggest that an LDL of 70 mg/dl might be the optimal target* An increased dose of Crestor would most certainly have lowered Ken's LDL to 70, but when we increase the dose of statin lipid lowering therapy, we also increase your risk for a treatment related side-effect, especially muscle inflammation and liver chemistry problems.

In early 2/05, Ken added Rejuvetate to his program, while continuing on Crestor at 10 mg. Ken continues to feel well, but from the perspective of Ken's lipid panel, it's been a down hill course. One month into the Crestor-Rejuvetate combination, there was no change in Ken's LDL and Cholesterol levels, actually they bumped up a bit, but Ken's Triglycerides decreased from 191 to 110. In mid-June, now 4 & ½ months on Crestor + Rejuvetate, Ken's Cholesterol had dropped markedly, to 139 mg/dl, and his Triglyceride level was down to 83 (Ken did not tighten his diet further or begin an exercise program between 1/31 and 6/14).

Date	Treatment	Chol	LDL	HDL	HDL %	Tags
12/27/04	Crestor 10 mg	258	169	64	25%	153
1/31/05	Crestor 10 + RLS	172	105	54	31%	191
3/2/05	Crestor 10 + RLS	189	120	51	28%	110
6/14/05	Crestor 10 + RLS	139	79	48	33%	83

Statin drug therapy works rapidly, within a matter of weeks. Statins

Exhibit 2

inhibit the enzymes that synthesize cholesterol in the liver, and you see the peak effect in four weeks. De-poisoning and stimulating the enzymes of reverse cholesterol transport takes longer, but from the perspective of your long-term health, patience is a virtue. It is not surprising that it took some time for Crestor + Rejuvetate to show a benefit over Crestor drug therapy alone. Also, Ken's HDL fell, on face value not a desirable result, but we know that whenever the total and LDL Cholesterol values drop considerably, the HDL (good Cholesterol) value will inevitably decrease in tandem. Therefore we focus on the HDL%, the percentage of total Cholesterol made up of the good HDL, and here Crestor + Rejuvetate worked out well.

Kenneth Henderson – Analysis

We aren't anti-medicine or anti-drug therapy. We aren't anti-anything, but at Med Five we are pro dealing with all the causes of plaque buildup. I'm an invasive cardiologist and one half of my patients are on statin cholesterol lowering medications. Statins block the formation of cholesterol and have an anti-inflammatory effect, a double positive for my patients with high cholesterol and inflamed arteries. However, there are many other causes of high cholesterol, and many causes of vascular and degenerative disease in general, that the statins don't address – so we will - issues such as:

1. Reverse Cholesterol Transport – Phosphatidylcholine (PC) stimulates the enzymes of reverse cholesterol transport, so we put PC in Rejuvetate.

2. Metal Detoxification – Lead, Cadmium, and especially Mercury will poison the enzymes of reverse cholesterol transport (along with many other critical body functions). EDTA, Vitamin C, and DMSA help the body rid itself of these toxic metals, so we included them in Rejuvetate. We are not making health claims, but published, peer-reviewed studies (some written before I was born) ** tell us that oral EDTA will lower Cholesterol levels in humans – so we put EDTA in Rejuvetate – pretty simple.

3. Gum Disease – Yes, gum disease elevates your Cholesterol, and it leads to vascular inflammation and CRP elevation, so we go after this problem with Lysozyme in our mouth rinse.

4. Infection/Inflammation – Infection increases cholesterol – your body makes more of the stuff to neutralize bacterial toxins. Our response is to include Mushroom Polysaccharide Extracts in Rejuvetate, aiming to improve the function of your immune system.

OK, back to Ken's situation – you have Crestor providing an anti-inflammatory effect and blocking cholesterol formation and Rejuvetate depoisoning and stimulating the enzymes of reverse cholesterol transport, while stimulating immune function to combat infection and inflammation in the mouth and elsewhere, and what do you get? You get a synergism and in Ken's case a drop in cholesterol to 130 mg/dl, with a Triglycerides of 83 and an HDL% of 33. This seems like a good idea to us, so we invite you to:

Exhibit 2

Synergize with Med Five

*

This is still being worked out, but societies where heart disease is unheard of have LDL values in this range. A similar situation definitely exists for blood sugar. While the “normal limit” for fasting blood sugar is up to 110 mg/dl, and our medical treatment goal is a sugar around 100, we know with certainty that individuals with sugars in the 70-80 range are at much lower cardiovascular risk than are individuals with sugars in the 90-110 range.

**

Perry, HM., Depression of Cholesterol Levels in Human Plasma following Ethylenediamine Tetracetate and Hydralazine. Journal of Chronic Diseases 2:520-533, 1955

Schroeder, Henry A., A Practical Method for the Reduction of Plasma Cholesterol in Humans. Journal of Chronic Diseases 4:46468, Nov., 1956.

James C. Roberts MD FACC 10/07/05

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It is not necessary to take other detox programs while on Med Five.

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